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<b>Effectuve on 12/08/2004.</b>	
<b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>	
<b>FEE TRANSMITTAL</b>	
<b>For FY 2009</b>	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
<b>TOTAL AMOUNT OF PAYMENT</b>	
(\$ ) 940.00	
<b>Complete if Known</b>	
Application Number	
10/669,717-Conf. #6372	
Filing Date	
September 25, 2003	
First Named Inventor	
Masanori YOSHIDA	
Examiner Name	
F. S. Almatrahi	
Art Unit	
4137	
Attorney Docket No.	
0879-0417P	

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayments of fee(s), under 32 CFR 4.46 and 4.47

Charge fee(s) indicated below, except for the filing fee

Credit any overpayments

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FEES CALCULATION

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## **2. EXCESS CLAIM FEES**

<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Minimum Fee (\$)</b>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims      Extra Claims      Fee (\$)

18 - 20 or HP x \_\_\_\_\_

**HP = highest number of total claim**

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**  
**18**      - 20 or HP      x \_\_\_\_\_ = \_\_\_\_\_      Fee (\$)      Fee Paid (\$)  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims              Extra Claims              Fee (\$)**

2 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

### **3. APPLICATION SIZE FE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

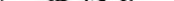
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...

**1251 Extension for response within first month** **130.00**

SUBMITTED BY  
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